

**KENTUCKY TEACHERS' RETIREMENT SYSTEM**  
479 Versailles Road, Frankfort, Kentucky 40601-3800, PH 502/848-8500

**Information Regarding Leave of Absence**

We submit this information so that the Kentucky Teachers' Retirement System (KTRS) can determine the eligibility and/or cost of the following member to purchase a leave of absence.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

1. Attached is a written authorization of the employer's approval of the leave of absence.  
(Board Minutes that cover more than one fiscal year for a LOA will require a LOA-1 form to be completed for each fiscal year.)
2. The dates covered by the leave for fiscal year \_\_\_\_\_ are \_\_\_\_\_ through \_\_\_\_\_ . Please list one fiscal year only.
3. The number of normal contract days for this employee is \_\_\_\_\_.
4. If contributions have been withheld, the number of days paid was \_\_\_\_\_.
5. If the leave started after the beginning date of the school year, the employee's yearly contract salary was \$\_\_\_\_\_.
6. If contributions were withheld, the amount withheld was \$\_\_\_\_\_.
7. Was any portion of the contribution matched by federal funds?    Yes ☐    No ☐
8. Did the employee begin work on the first day of the normal school year in which the leave occurred?  
Yes ☐    No ☐

I certify that the information provided accurately reflects this employee's employment and earnings information as it relates to KTRS.

\_\_\_\_\_  
Signature of Agency Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
School District or Agency

\_\_\_\_\_  
Date